

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/939,230
	Filing Date	August 24, 2001
	First Named Inventor	Wickenden, Alan David
	Title	METHODS FOR TREATING OR PREVENTING PAIN AND ANXIETY
	Art Unit	1614
	Examiner Name	Royds, Leslie A.
	Attorney Docket	018512-006610US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20350

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:


☐ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on \_\_\_\_\_)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	1/19/09
Name	P. Kay Wagoner, Ph.D.	Telephone	(919) 941-6206
Title and Company	President and CEO		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.